



# Medication Safety Cross-Check



“Med Check”



“Ready”

“Going to Give”...

Drug Name

Reason



“Concern for allergy or  
side effects?”

“Going to Give”...

Dose

Route

Rate



Quantity?

Drug concentration &  
volume or # tablets  
to be administered



“Go ahead”

[visual inspection of vial by second  
provider (preferred if safe to do so) or  
primary provider]